

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

INFORMATION FOR COMPLETING DESIGNER OF ENGINEERING SYSTEMS APPLICATION

This is not the application to register for the Designer Examination. To register for the examination, submit Application for Electrical, Fire Protection, HVAC, Plumbing, and Private Sewage Systems Examination (**Form #2100**).

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Designer of Engineering Systems Permit (Form #1897)**
2. **\$68.00 Initial Credentialing Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Official Transcripts** - Transcripts must be forwarded directly by the college to you. If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). **Unofficial copies of transcripts are not acceptable.**
4. **Experience Record (Form #463)** - Evaluated by the Board to determine whether the experience you document meets the qualifying engineering experience as defined in Wis. Admin. Code § A-E 5. Provide a complete chronological listing of your experience. The beginning and ending month and year of employment must be shown for each engagement.
5. **Designer of Engineering Systems Applicant Appraisal Form (Form #989)** - Provide replies from three (3) references, one of whom is a Registered Architect, Professional Engineer, or holds a permit as a Designer of Engineering Systems.

Applicants Applying by Holding a Current WI Master Plumber License

Applicants applying for a permit as a Designer of Engineering Systems on the basis that they hold a current Wisconsin master plumber license are required to submit the Application for Designer of Engineering Systems Permit (**Form #1897**).

Review Dates Your application for registration will be presented to the Board for review when all required documents have been received. You are encouraged to submit your application as soon as possible to allow processing and review of application before the Board meets. You'll find a schedule of tentative Board meetings on the Department's web site at <http://dsps.wi.gov>.

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APPLICATION FOR DESIGNER OF ENGINEERING SYSTEMS PERMIT

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

**PLEASE TYPE OR PRINT
IN INK**

☐ Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name

First Name

MI

Former / Maiden Name(s)

Address (street, city, state, zip)

Daytime Telephone Number

Mailing Address (if different)

Date of Birth

Social Security #

Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Ethnicity/gender status information is optional.

Ethnicity:

☐ White, not of Hispanic origin

☐ American Indian or Alaskan

☐ Hispanic

☐ Black, not of Hispanic origin

☐ Asian or Pacific Islander

☐ Other

Sex:

☐ M ☐ F

Have you ever been licensed in Wisconsin as a Designer of Engineering Systems?

☐ Yes

☐ No

If yes, list your credential number:

Email Address

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)

☐ **\$68.00 Initial Credential Fee**

For Receiving Use Only (7)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

Qualification for Permit: (check one box indicating how you qualify)

☐ Passed Examination with 8 years of experience

Indicate Subfield:

☐ 12 years of experience and 35 (or more) years of age

Indicate Subfield:

☐ Wisconsin Master Plumber License

License Number:

Education: Official Transcript(s) Required.

College(s) Attended	Degree Received	Date of Graduation	Major
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /